



## PARENTAL CONSENT FORM FOR HYVE SPORTS CLINIC

### TO THE PARENT/GUARDIAN:

I, \_\_\_\_\_, am the parent/guardian of the participant named [Participant's Full Name] \_\_\_\_\_, who is a minor. I hereby grant my consent for the participation of my child in the Basketball / Pickle Ball / Flag Football sports clinic to be held at Decathlon Tiendesitas, Pasig on [Date(s) and Time(s)] \_\_\_\_\_.

In consideration for allowing my child to participate in the sports clinic, I acknowledge and agree to the following:

#### **Assumption of Risk:**

- I understand that participation in sports activities involves inherent risks of injury. I acknowledge that my child may be exposed to the risk of injury, including but not limited to sprains, fractures, and other bodily injuries. I accept these risks and agree that Hyve Sports and its organizers, coaches, and staff are not liable for any injuries sustained during the sports clinic.

#### **Photography and Media Release:**

- I consent to the use of photographs and videos taken during the sports clinic for promotional and educational purposes. I understand that these materials may be used on HyveSport's website, social media, or other promotional materials.

#### **Insurance:**

- I confirm that my child is covered by personal health insurance, and I understand that HyveSports does not provide insurance coverage for participants.

I have read and understand the terms of this consent form, and I voluntarily agree to its terms.

### **PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PARTICIPANT INFORMATION:**

Participant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Conditions/Allergies (if any): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_